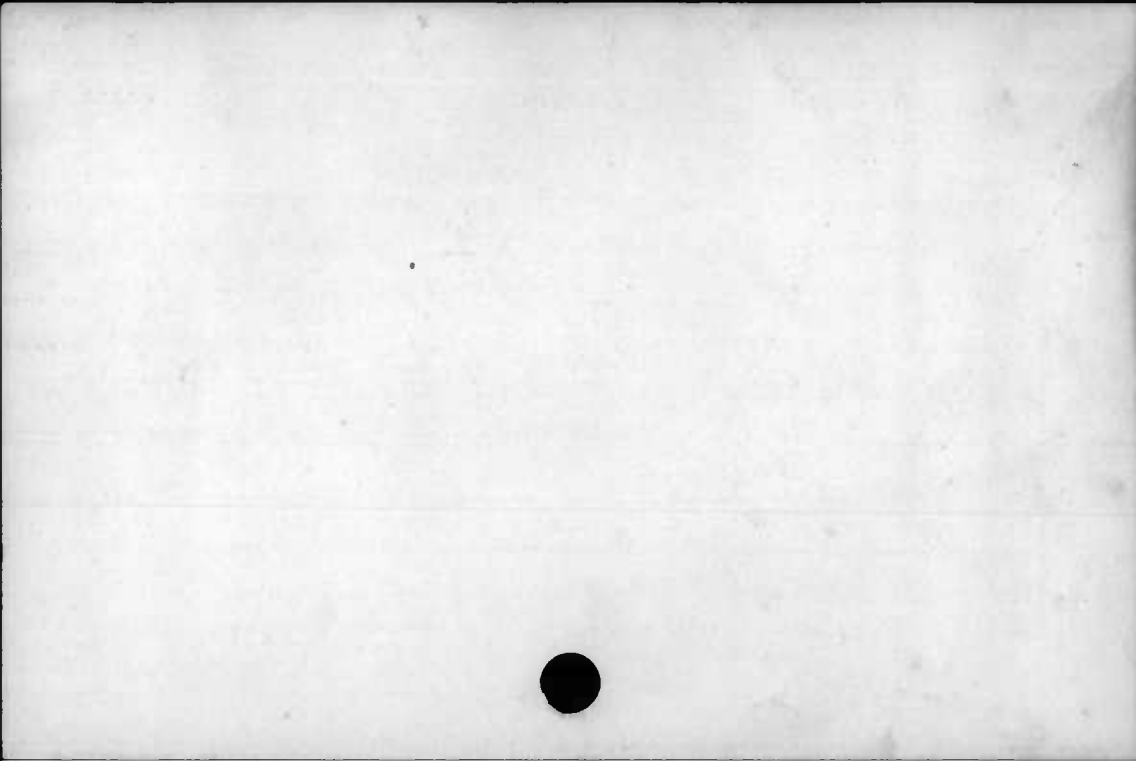


Name In Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i>		Town		<i>Micromer</i>		County
	Date of death <i>1908</i>		Month <i>May</i>		Day <i>7</i>		Years <i>40</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Micromer Co. Md</i>		Months <i>4</i>
	Occupation <i>Housework</i>		Where Residing if not at place of death <i>Parisburg, Md</i>				
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward L. Avery</i>				
	Father's Name <i>Thos. White</i>		Father's Birthplace <i>Micromer Co. Md</i>				
	Mother's Maiden Name <i>Margaret Sears</i>		Mother's Birthplace <i>Micromer Co. Md</i>				
	Name of person giving information <i>Edward L. Avery</i>		How related to deceased <i>Husband</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORNER	Primary <i>Ruptured Extra-uterine pregnancy</i>		How long <i>12 mos (Immediate)</i>				
	Immediate <i>Hemorrhage</i>		How long <i>2 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Smith</i>		Address <i>Salisbury, Md</i>		
	Accident or Suicide? <i>No</i>						

134



Name  
in  
Full

Bettie Ballard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Salisbury

Town

County

Wicomico

Date of death 1908

Month

May

Day

29

Age

Years

30

Months

Days

Sex

female

Color or  
Race

Black

Birth-  
place

Somerset Co

Occupation

Servant

Where Residing if not  
at place of birthMarried, Single  
or WidowedName of Wife or  
Husband

George Ballard

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Geo Ballard

How related  
to deceased

Son

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

How long

14 car

Immediate

Uræmia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

S. J. Faras

Signature of  
Physician

Address

Salisbury Md

Accident or Suicide?

No

d  
Corn Bird

Permyrd

Name  
in  
Full

Wm J. Budd

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

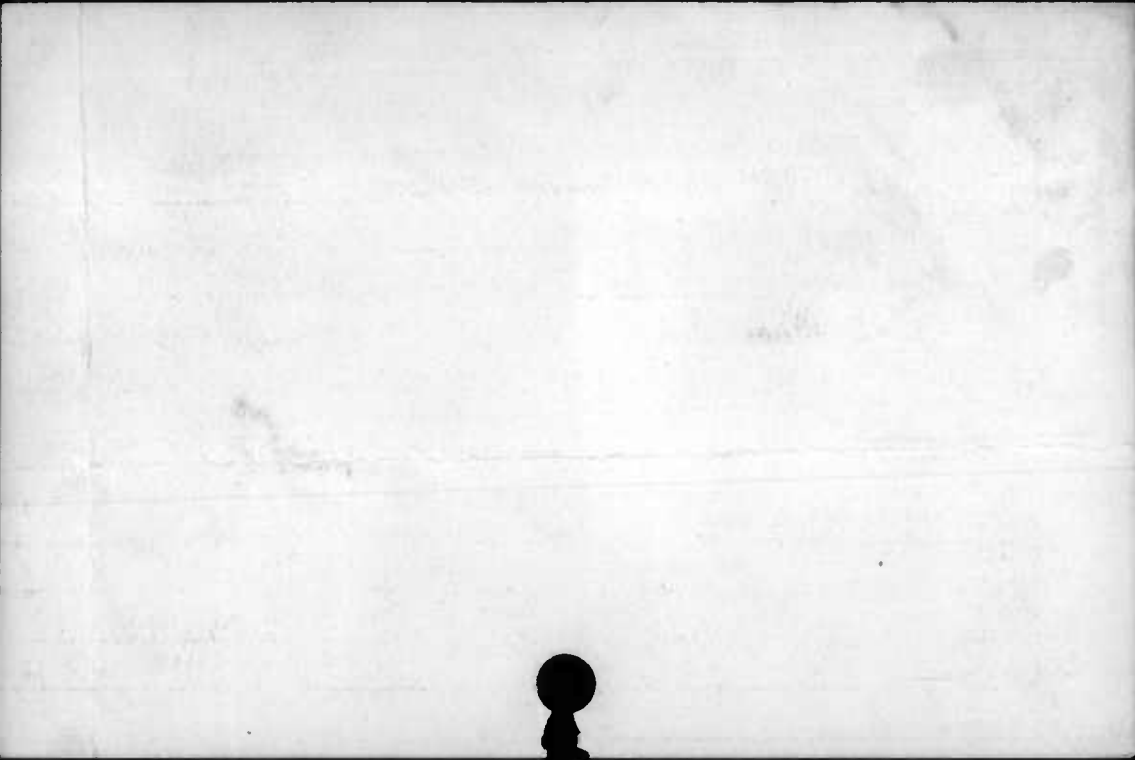
Died at		Town Hebron		County worcester		MARYLAND	
Date of death		1908	Month May	Day 21	Age 77	Months —	Days —
Sex male		Color or Race white		Birth-place Baltimore			
Occupation Ship Carpenter		Where Residing if not at place of death Hebron Md					
Married, Single or Widowed married		Name of Wife or Husband Mary A Budd					
Father's Name J R Budd		Father's Birthplace Dorchester Co					
Mother's Maiden Name Mary A Jones		Mother's Birthplace Tahleont					
Name of person giving information Wm H Budd		How related to deceased Son					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	How long
immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	
Signature of Physician H. L. Connerney	
Address Hebron Md	
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jennie Christy*

Died at *Salisbury* Town *Wicomico* County

Date of death *1908* Month *May* Day *7* Age *40* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housework* Where Residing if not at place of death *Crisfield Md*

Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *Louis W Christy*

Father's Name *John S Sterling* Father's Birthplace *Md*

Mother's Maiden Name *Mary Ward* Mother's Birthplace *Md*

Name of person giving information *Louis W Christy* How related to deceased *Husband*

CAUSES OF DEATH

132

PHYSICIAN  
OR CORONER

Primary *Pyosalpingitis* ✓ How long *10 days*

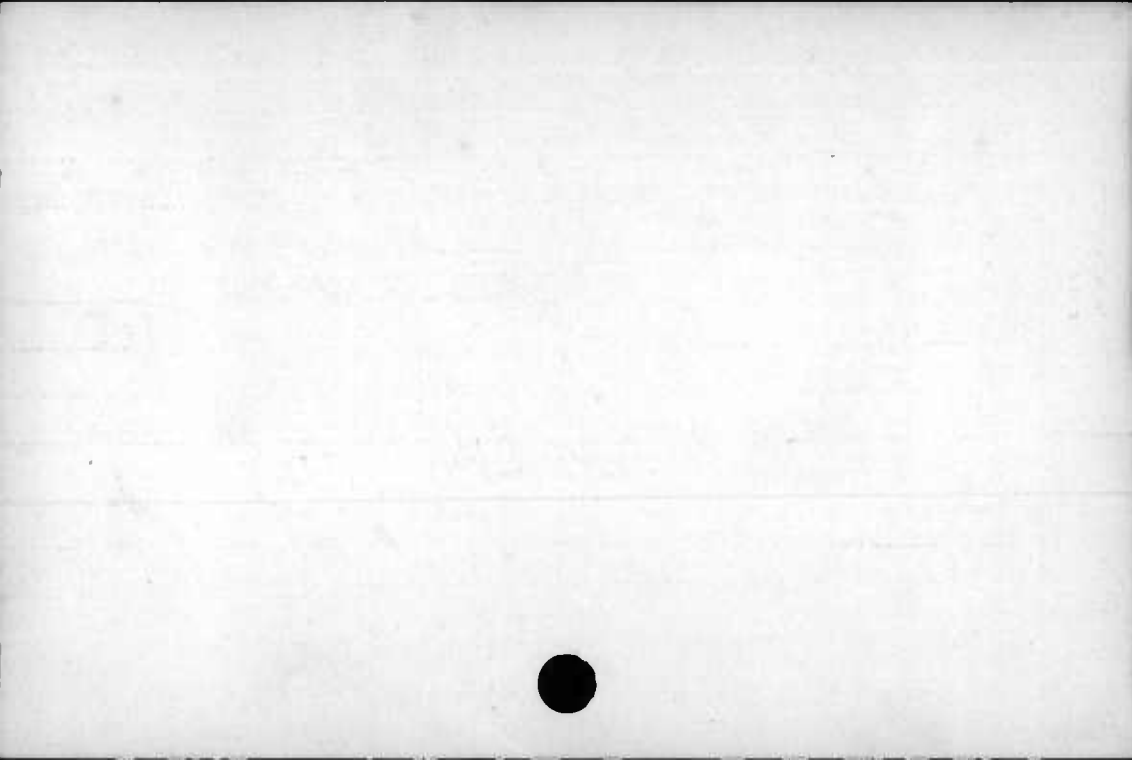
Immediate *Acute general peritonitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. McCandless*

Address *Salisbury, Md*

Accident or Suicide? *No*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

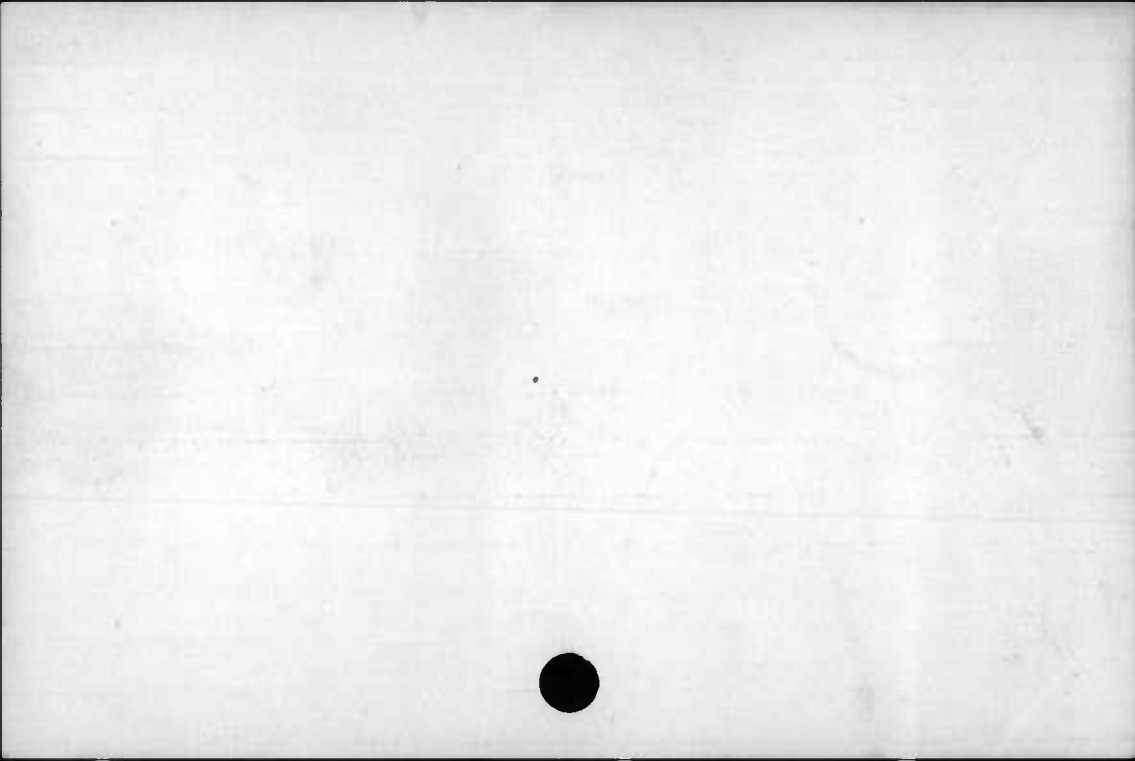
Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>1st</i>	Age <i>75</i>	Months <i>10</i> Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md.</i>		
Occupation <i>Wheelwright</i>	Where Residing if not at place of death <i>Hm of Chas. E. Duffy</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Duffy</i>				
Father's Name <i>Thomas Duffy</i>	Father's Birthplace <i>Dublin Ireland</i>				
Mother's Maiden Name <i>Priscilla Henderson</i>	Mother's Birthplace <i>New York</i>				
Name of person giving information <i>Mrs. E. A. Duffy</i>	How related to deceased <i>Daughter in law</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Chronic Heart &amp; Kidney Disease</i>	How long <i>Several months</i>
Immediate <i>Died suddenly</i>	How long <i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Dennis M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>May</u> <small>Day</small> <u>31<sup>st</sup></u> <small>Years</small> <u>One</u> <small>Months</small> <u>4</u> <small>Days</small> <u>23</u>			
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>None</u>		Birth-place <u>Shad Point Md.</u>	
		Where Residing if not at place of death			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>	
		Father's Name <u>Eddie L. Fields</u>		Father's Birthplace <u>Shad Point Md.</u>	
Mother's Maiden Name <u>Nettie L. Hitchens</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Eddie L. Fields</u>		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Enterocolitis</u>		How long <u>10 days</u>	
		Immediate <u>Brain compression</u>		How long <u>3 or 4 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Lowell W. Williams M.D.</u>	
				Address <u>Salisbury Md.</u>	
		Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

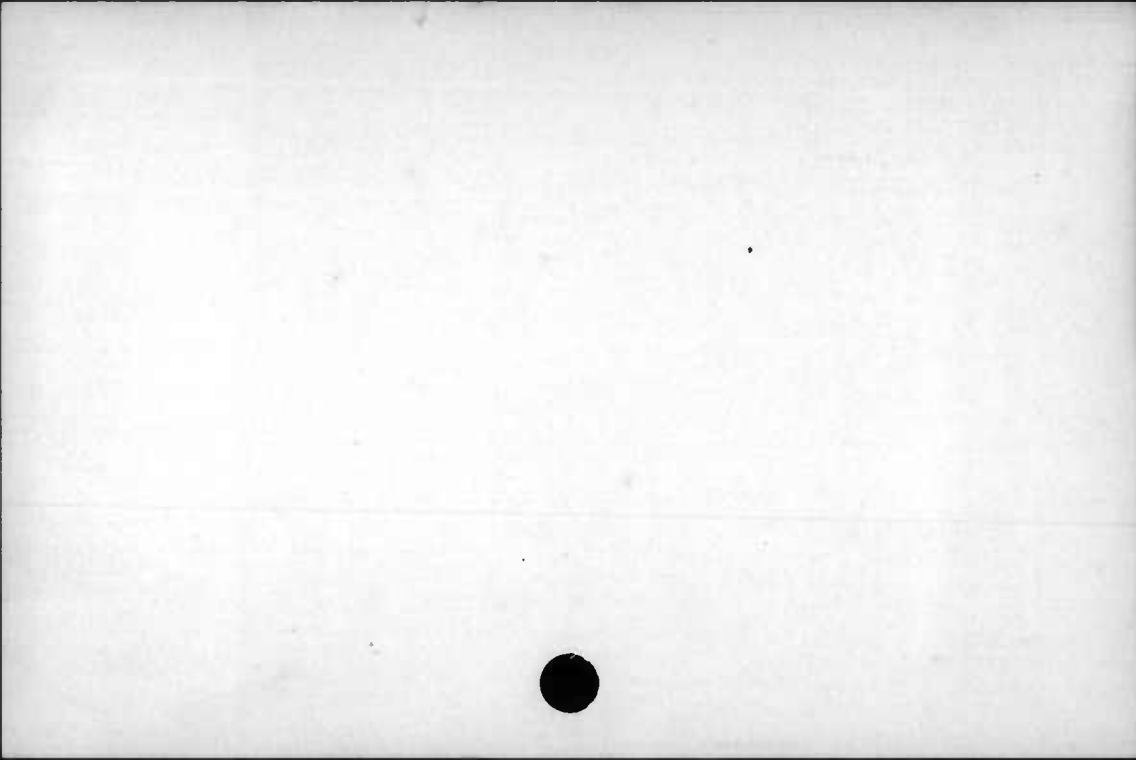
Died at <i>Near Union M. P. Church</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	1908	Month	May	Day	17 <sup>th</sup>	Age	70
Sex	Male	Color or Race	White	Months	5	Days	27
Occupation	Farmer			Birth-place	Kentucky		
Where Residing if not at place of death							
Married, Single or Widowed	Widower			Name of Wife or Husband	Charlotte Hooks		
Father's Name	William Hooks			Father's Birthplace	Worcester Co. Md.		
Mother's Maiden Name	Mary Brown			Mother's Birthplace	" " "		
Name of person giving information	Oswald F. Layfield			How related to deceased	Son in Law		

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Arteriosclerosis</i>	How long	<i>Some time</i>
Immediate	<i>Cerebral hemorrhage</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. M. Adams</i>	
Address		<i>Salisbury, Md</i>	
Accident or Suicide?		<i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

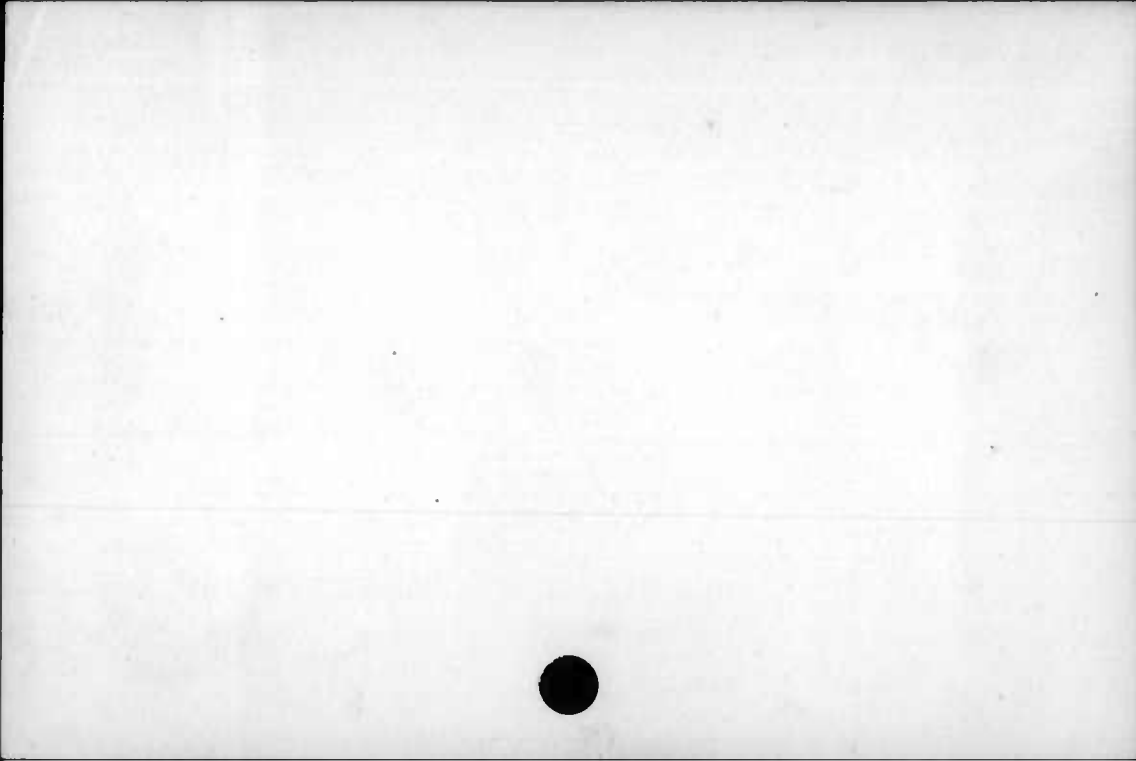
Died <i>Mar 1908</i>		Town <i>Drumville</i>		County <i>Greenie</i>	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>4</i>	Age <i>4</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Mar Drumville</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>May Ellen Sal.</i>			Mother's Birthplace <i>Mar Drumville</i>		
Name of person giving information <i>Missy Sal.</i>			How related to deceased <i>Grand father</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Mal nutrition</i>	How long <i>4 yrs.</i>
Immediate <i>Cardiac failure</i>	How long <i>2 mth.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Lynch</i>
	Address <i>Drumville</i>
Accident or Suicide?	<i>no</i>





Name  
in  
Full

Edward Gordy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>20</i>	Years <i>48</i>	Months <i>10</i> Days <i>17</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Trainman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or <del>husband</del> <i>Millie Gordy</i>				
Father's Name <i>Thomas Gordy</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Amelia E. Look</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Amelia E. Gordy</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary <i>Alcoholism</i>	How long <i>Don't know</i>
Immediate <i>Neuritis</i>	How long <i>Don't know (only saw him few times)</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. H. Ford</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	

For Hallaway Leo

Name  
in  
Full

Philip W Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

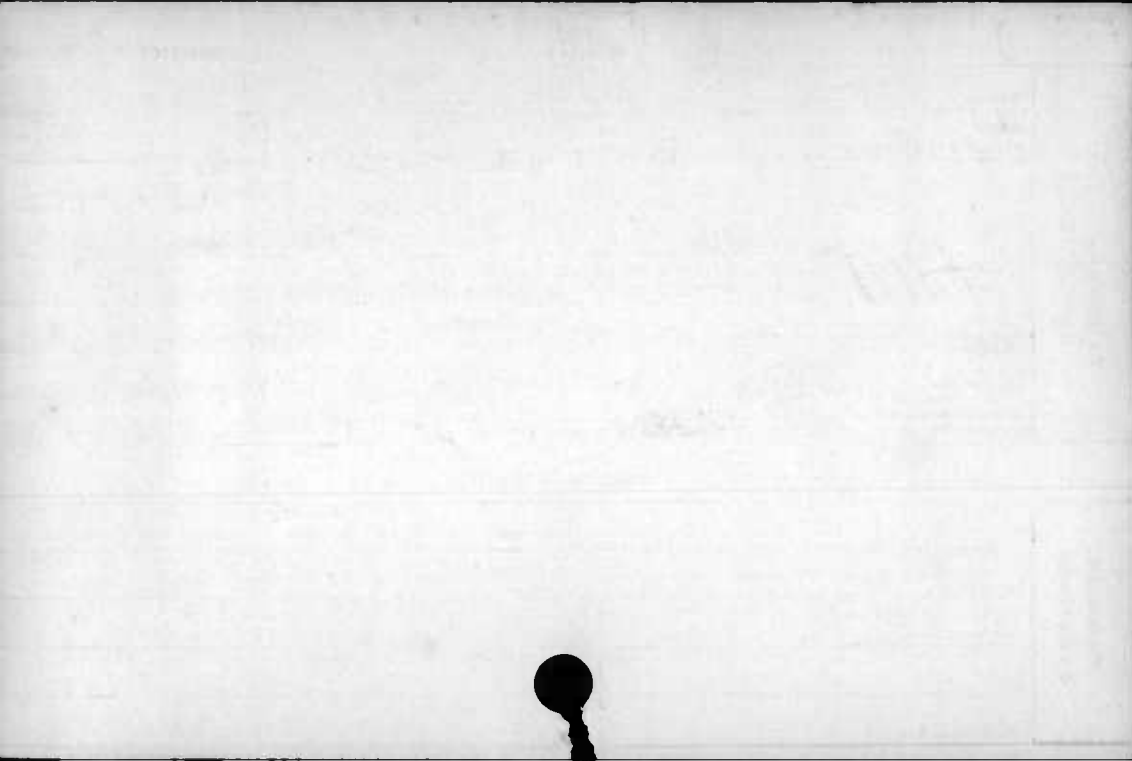
Died at <u>near Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Month</sup>	<u>May</u> <sup>Day</sup>	<u>26</u> <sup>Year</sup>	<u>82</u> <sup>Months</sup>	<u>9</u> <sup>Days</sup>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u> Md </u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband <u>Mary Ann Hall</u>		
Father's Name	<u>Lemuel A Hall</u>		Father's Birthplace	<u> Md </u>	
Mother's Maiden Name	<u>Sarah White</u>		Mother's Birthplace	<u> Md </u>	
Name of person giving information	<u>Annie Tiedman</u>		How related to deceased	<u>Daughter</u>	

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<u>Infirmities of Age</u>	How long	<u>Several Months</u>
Immediate	<u>Exhaustion and Debility</u>	How long	<u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>F. M. Clemmons M.D.</u>	
<u>So far as I know</u>		Address	
		<u>Salisbury</u>	
Accident or Suicide?		<u>No.</u>	



Name  
in  
Full

Elgin Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

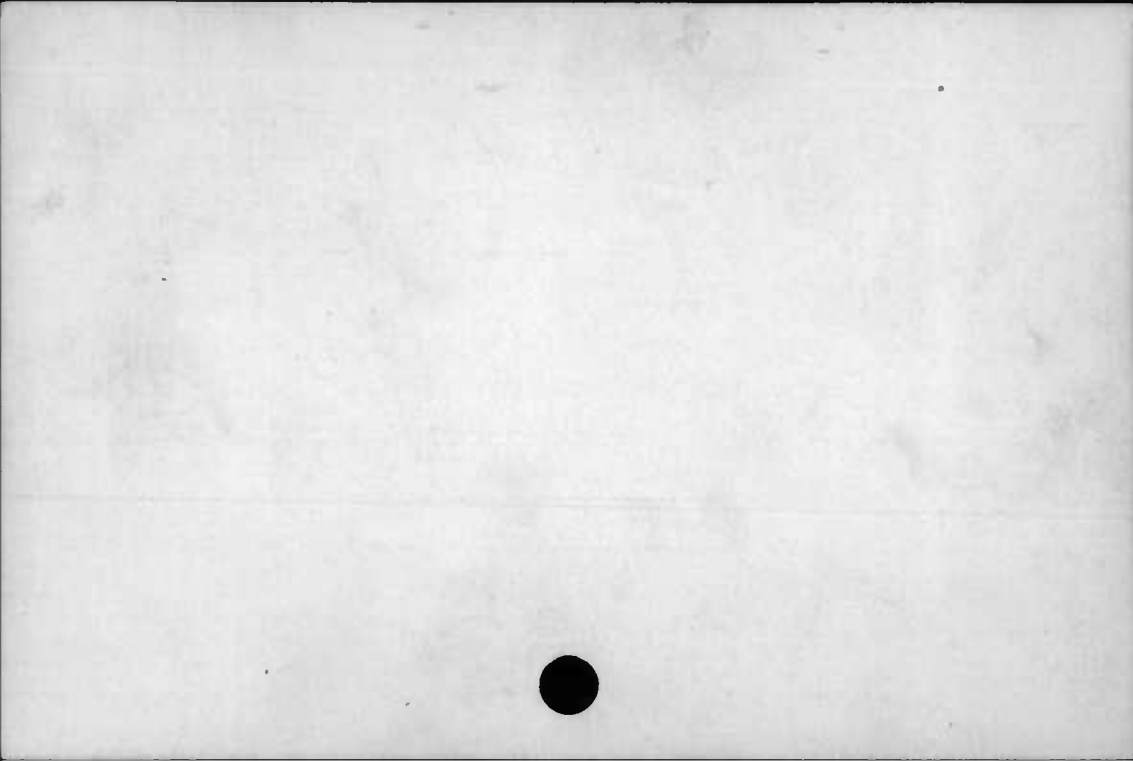
Died at <i>Hebron</i>		Town		<i>Wiconisco</i>		County	
Date of death <i>1908</i>		Month <i>may</i>		Day <i>31</i>		Years <i>26</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Mardella Springs</i>		Months <i>4</i>	
Occupation <i>House-wife</i>		Where Residing if not at place of death <i>Hebron Md.</i>		Days <i>23</i>		MAYLAND	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Addison Howard</i>		Father's Birthplace <i>Mardella Springs</i>		Mother's Birthplace <i>Mardella Springs</i>	
Father's Name <i>Thomas Bennett</i>		Mother's Maiden Name <i>Mary E. Phillips</i>		How related to deceased <i>Husband Brother</i>			
Name of person giving information <i>Daniel Howard</i>							

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Heart disease</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Conaway</i>
	Address <i>Hebron Md</i>
Accident or Suicide?	



Name in Full		George E. Ingersoll				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Salisbury		Micomico County		MARYLAND						
	Date of death		1908	Month	May	Day	2nd	Age	Years	79	Months	5	Days
	Sex		Male		Color or Race		White		Birth-place		Maryland		
	Occupation		Waterman		Where Residing if not at place of death								
	Married, Single or Widowed		Widower		Name of Wife or Husband		Margaret Ingersoll						
	Father's Name		Not Known		Father's Birthplace		unobtainable						
	Mother's Maiden Name		Not Known		Mother's Birthplace		unobtainable						
Name of person giving information		John A. Ingersoll		How related to deceased		Son							
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary		Mental Degeneration						How long		3 years		
	Immediate		Cerebral Embolism						How long		Feb. 1908		
	Are the name, age, sex, color, date and place correctly given above?		Yes						Signature of Physician		Mendenhall		
									Address		Salisbury Md		
	Accident or Suicide?		No										





Name  
in  
Full

Mary Alice Kennerly.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

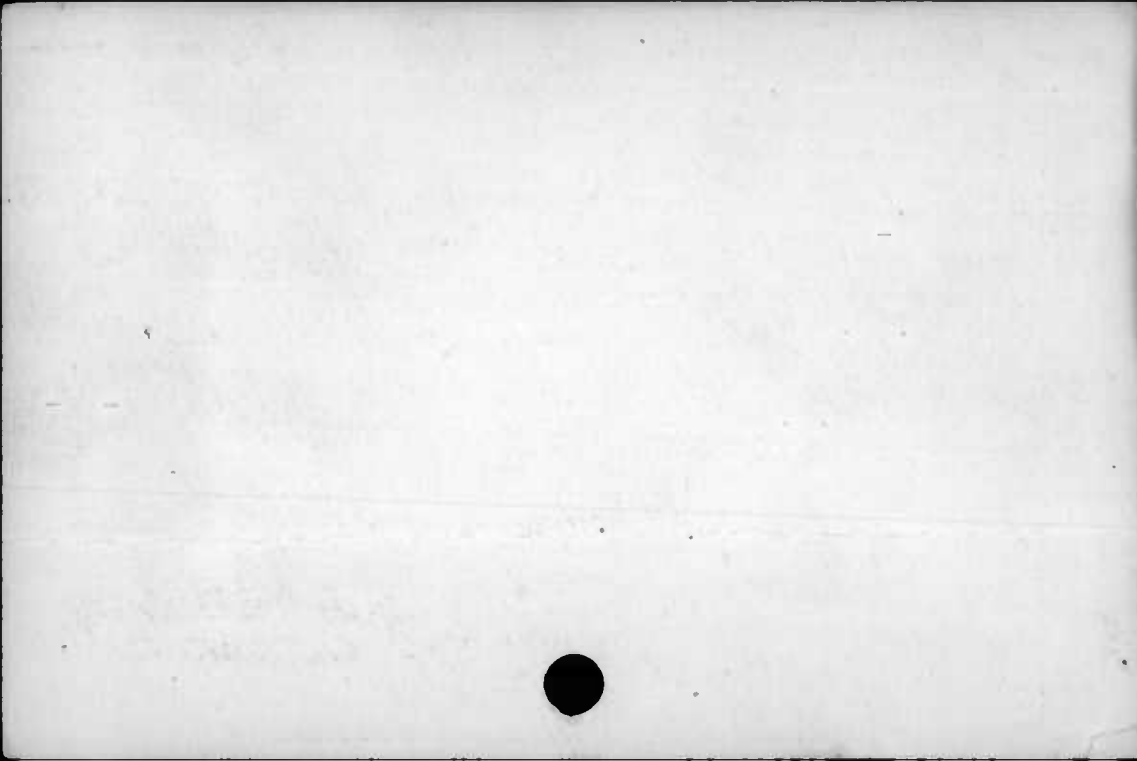
Died at <b>Nanticoke</b> , <sup>Town</sup>		<b>Wicomico</b> <sup>County</sup>		MARYLAND	
Date of death <b>1908</b>	Month <b>May</b>	Day <b>3rd</b>	Age <b>32</b> Years	Months <b>7</b>	Days <b>6</b>
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Nanticoke, Md</b>	
Occupation <b>Housewife</b>			Where Residing if not at place of death <b>//</b>		
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Henry Ward Kennerly</b>			
Father's Name <b>Wm. N. Somers</b>			Father's Birthplace <b>Kingston, Md</b>		
Mother's Maiden Name <b>Rose Anna Somers</b>			Mother's Birthplace <b>Nanticoke, Md</b>		
Name of person giving information <b>W.R. Kennerly</b>			How related to deceased <b>Father-in-law</b>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<b>Tuberculosis of lungs</b>	How long	<b>3 years</b>
Immediate	<b>Static Pneumonia</b>	How long	<b>7 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. R. Bishop, M.D.</b>	
		Address <b>Nanticoke, Maryland.</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

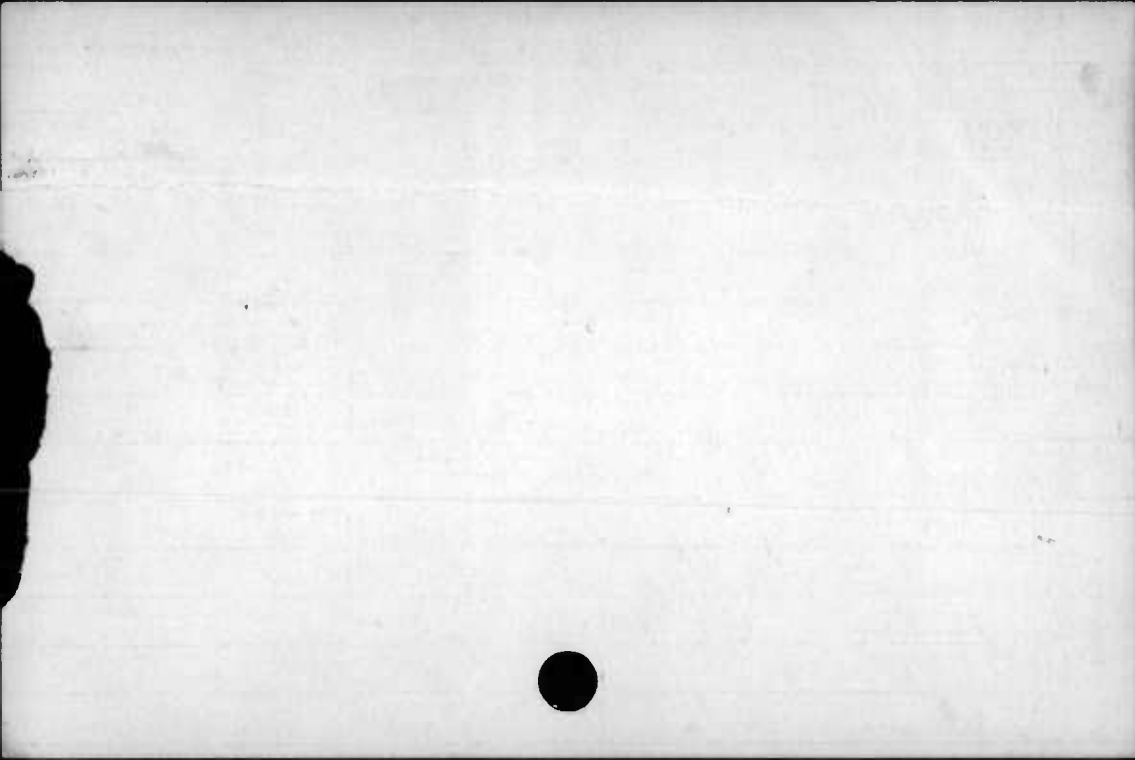
Died at <i>Delmar</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND		
Date of death	<i>1904</i> <small>Year</small>	<i>May</i> <small>Month</small>	<i>5th</i> <small>Day</small>	Age <i>0</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Delmar</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>Floyd S. Leate</i>		Father's Birthplace <i>Delmar</i>				
Mother's Maiden Name <i>Olga Brooke</i>		Mother's Birthplace <i>Ark. Mo.</i>				
Name of person giving information <i>N B Leate</i>		How related to deceased <i>grand fa</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Ellwood M.D.</i>
	Address <i>Delmar Del</i>
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

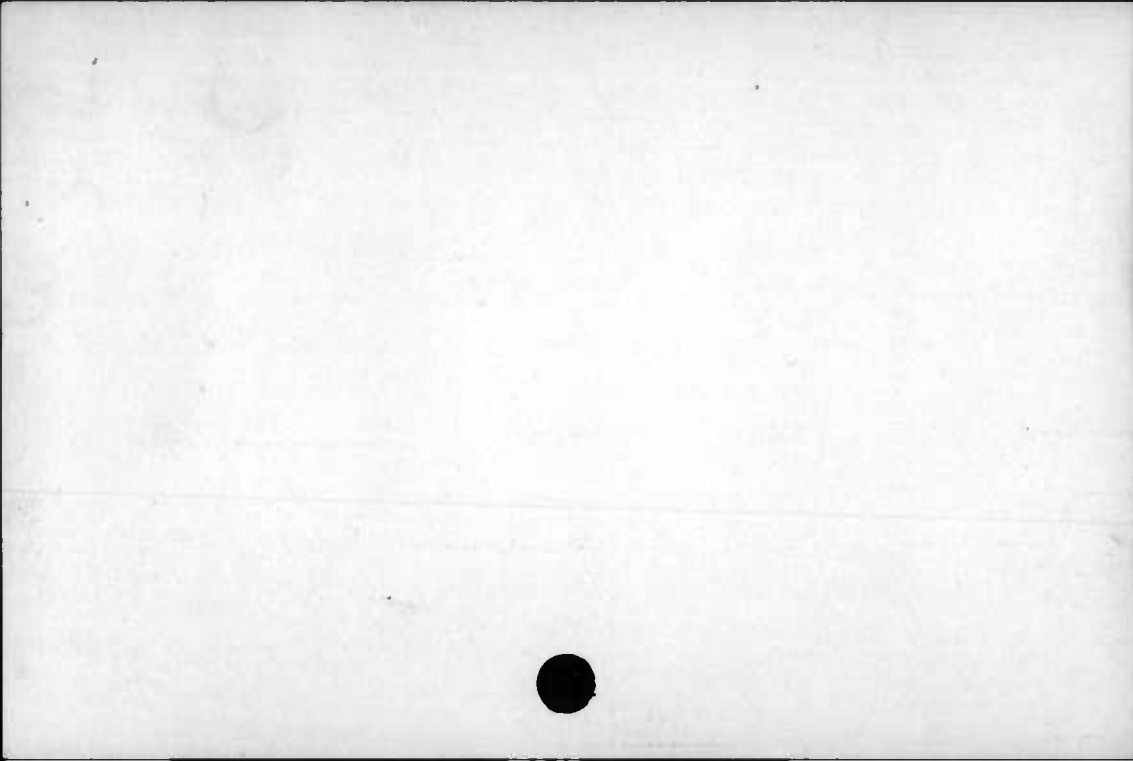
Name of Deceased <i>James Livingston</i>		Town <i>Union M.P. Church</i>		County <i>Wicomico</i>	
Date of death <i>1908</i>		Month <i>May</i>	Day <i>27</i>	Age <i>77</i>	Months Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Livingston</i>			
Father's Name <i>Benjamin Livingston</i>		Father's Birthplace <i>Worcester Co. Md.</i>			
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>not known</i>			
Name of person giving information <i>Nary H. Hill</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

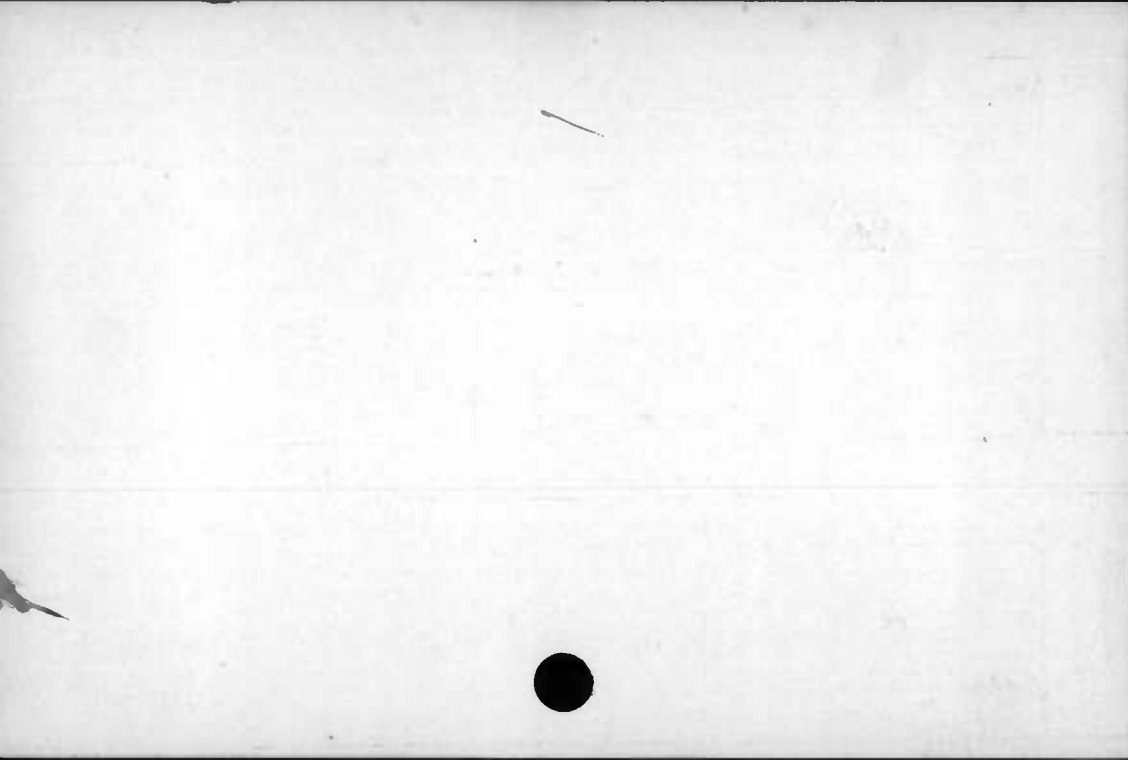
**18**

PHYSICIAN  
OR CORONER

Primary	<i>Erysipelas of Arm</i>	How long <i>6 days</i>
Immediate	<i>Toxaemia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yao</i>		Signature of Physician <i>Long W. Morris M.D.</i>
		Address <i>Delaware Md.</i>
Accident or Suicide?		



Name in Full		Page Livingston				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Near <sup>Town</sup> <i>Smithland</i> <sup>County</sup> <i>Wicomico</i>		MARYLAND					
		Date of death		1908	Month	May	Day	18 <sup>th</sup>	Age	16	
		Sex		Male		Color or Race		White		Birth-place	<i>Wicomico Co. Md.</i>
		Occupation		<i>Farmer</i>		Where Residing if not at place of death					
		Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband		<i>None</i>			
Father's Name		<i>B. P. Livingston</i>				Father's Birthplace		<i>" " "</i>			
Mother's Maiden Name		<i>Margaret Pearey</i>				Mother's Birthplace		<i>" " "</i>			
Name of person giving information		<i>Peter F. McDaniel</i>				How related to deceased		<i>None</i>			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		<i>Crushed by falling under log while loading timber</i>				<i>166</i> How long			
		Immediate		<i>Accident while loading timber</i>				How long			
		Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		<i>W. A. Adams, Jr.</i>			
						Address					
		Accident or Suicide?									





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

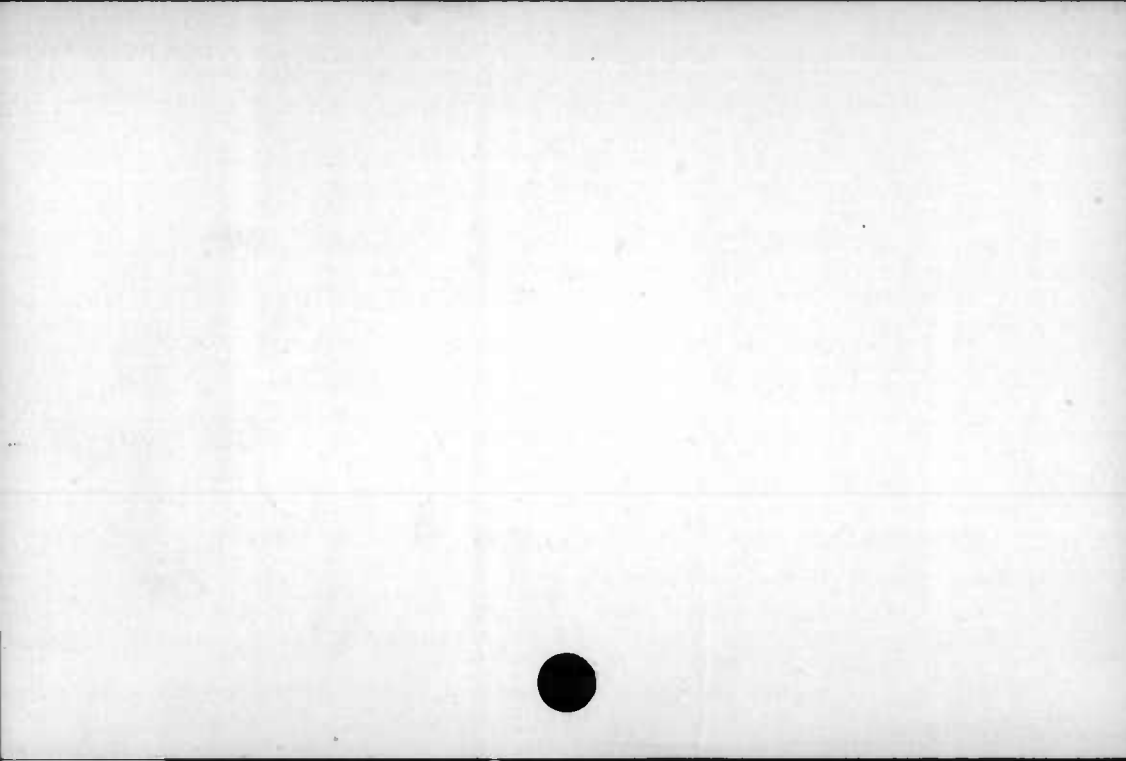
Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>18th</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New Jersey</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>At the Home for the Aged in Salisbury Md.</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Howard S. Lovejoy</i>						
Father's Name <i>John Stewart</i>	Father's Birthplace <i>Scotland</i>						
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>						
Name of person giving information <i>Arthur B. Lovejoy</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of age &amp; Inanition</i>	How long <i>Several months</i>
Immediate <i>Debility &amp; Heart failure</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Clemens M.D.</i>
<i>As far as I know</i>	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name  
in  
Full

Precilla A Parsons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>7</i> <small>Age</small>	<i>78</i> <small>Years</small>	<i></i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Irel</i>
Occupation	<i>Housework</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Nathaniel R Parsons</i>		
Father's Name	<i>William B Parsons</i>		Father's Birthplace	<i>Irel</i>	
Mother's Maiden Name	<i>Mary White</i>		Mother's Birthplace	<i>Mo</i>	
Name of person giving information	<i>Elizah S Adkins</i>		How related to deceased	<i>Nephew</i>	

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary	<i>Anaemia &amp; General debility</i>	How long	<i>Several months</i>
Immediate	<i>Transition &amp; heart failure</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. M. Clements M.D.</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?			

NOTHING



Name  
in  
Full

Warren S. Records

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

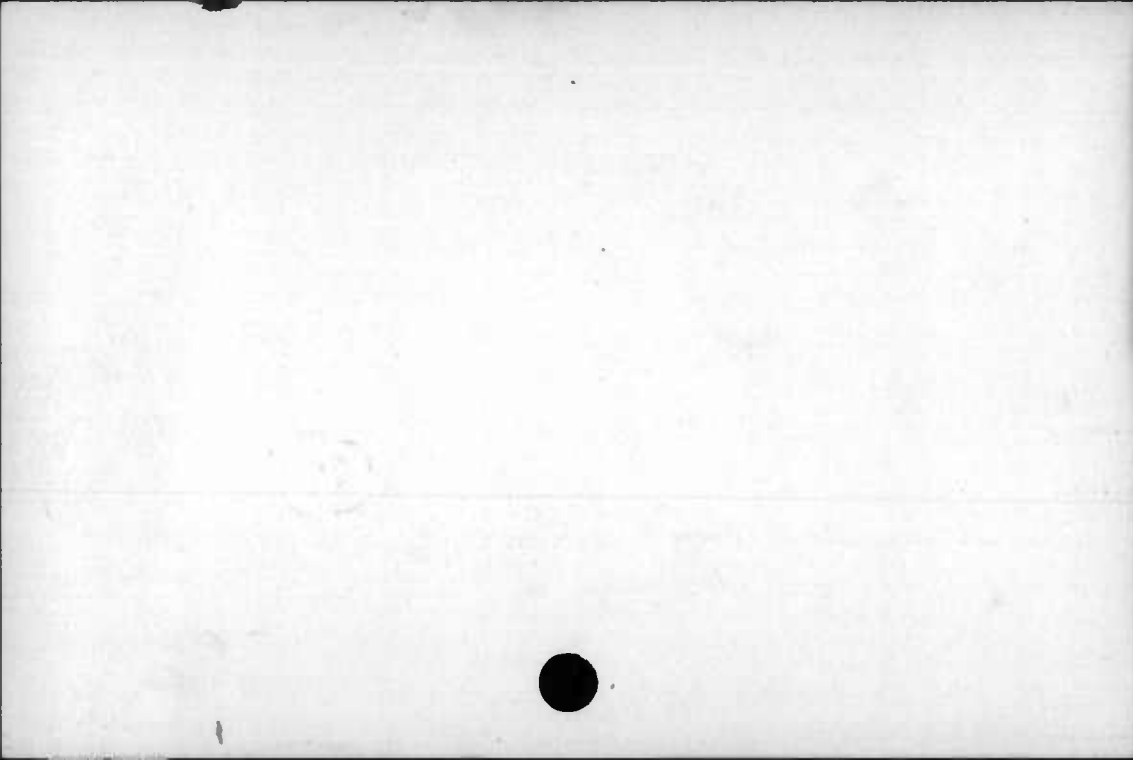
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1908	Month May	Day 12 <sup>th</sup>	Years 21	Months 8	Days 14
Sex Male		Color or Race White		Birth-place Salisbury Md.			
Occupation Bookkeeper		Where Residing if not at place of death — — — — —					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Willard S. Records		Father's Birthplace Delaware					
Mother's Maiden Name Lucinda E. Collins		Mother's Birthplace "					
Name of person giving information Mrs. Lucinda E. Records		How related to deceased Mother					

## CAUSES OF DEATH

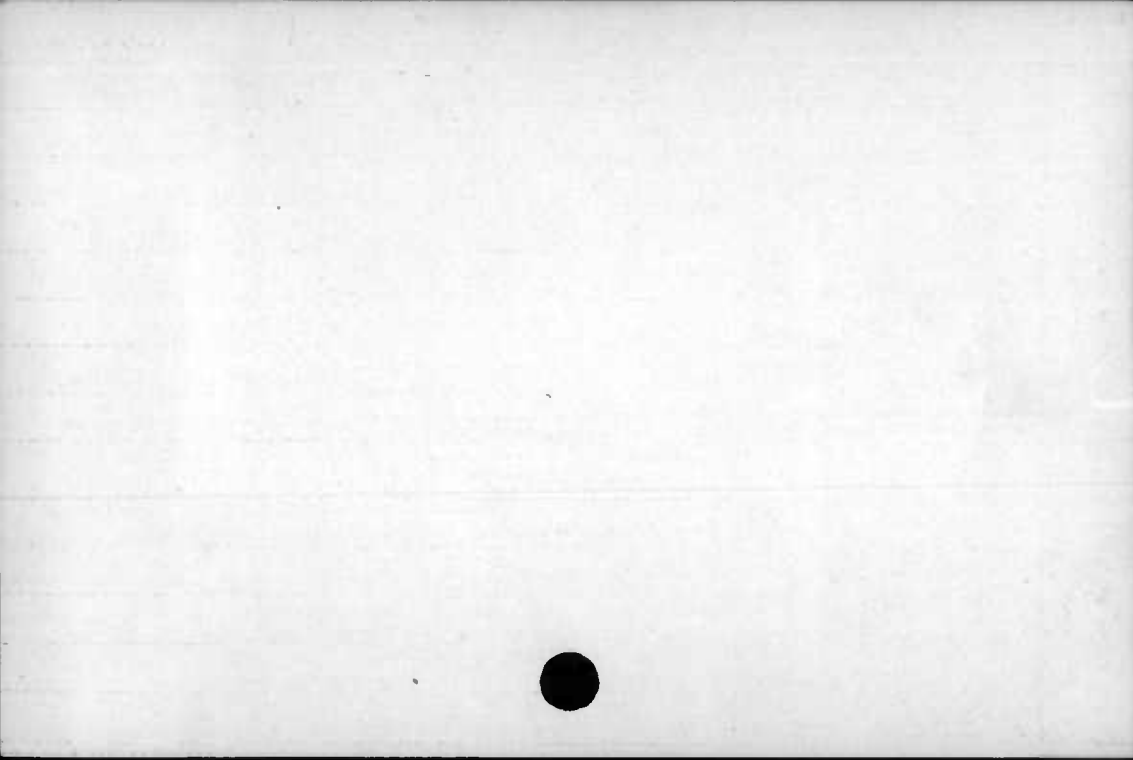
27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long Short Time
Immediate	Exhaustion from Tuberculosis	How long Few months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. H. Ford
		Address Salisbury Md
Accident or Suicide?		

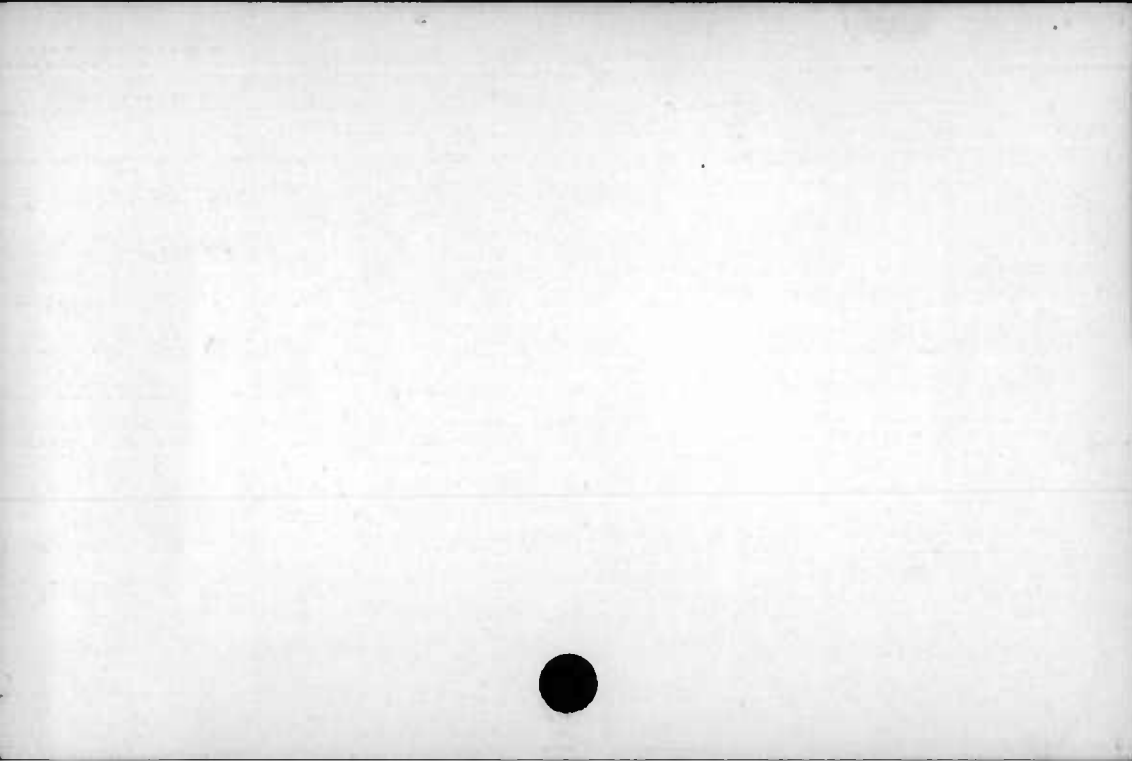


Name in Full		Town		County		CERTIFICATE OF DEATH	
		Salisbury		Tulbo		Mecum	
Died at		Salisbury		Mecum		MARYLAND	
Date of death		1908	Month	Day	Age	Years	Months
		1908	8	21	5	months	
Sex		male		Color or Race		White	
Occupation				Where Residing if not at place of death		Salisbury	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Samuel J. Tubbs		Father's Birthplace		Salisbury Md	
Mother's Maiden Name		Bessie M. Tubbs		Mother's Birthplace		Wilmington Del	
Name of person giving information		Samuel J. Tubbs		How related to deceased		Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 100px; float: right;">105</div>							
Primary		Gastro-Enteritis		How long		3 weeks	
Immediate		Indigestion		How long		4 or 5 weeks	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		F. M. Clement	
				Address		Salisbury Md.	
Accident or Suicide?							





Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Salisbury		Wicomico		MARYLAND						
		Date of death		1908	Month	May	Day	26 <sup>th</sup>	Years	71	Months	6	Days	24
		Sex		Male		Color or Race		White		Birth place		Pocomoke md.		
		Occupation		Mariner		Where Residing if not at place of death		at		home				
		Married, Single or Widowed		Married		Name of Wife or Husband		Emily J. Veasey						
		Father's Name		William Henry Veasey		Father's Birthplace		Maryland						
		Mother's Maiden Name		Sarah Richards Veasey		Mother's Birthplace		Maryland						
		Name of person giving information		Harlan J. Veasey		How related to deceased		Son						
PHYSICIAN OR CORONER		CAUSES OF DEATH				120								
		Primary		Chronic Brights Disease		How long		Several Years						
		Immediate		Irraemia		How long		Several Days						
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		F. M. Plemons						
						Address		Salisbury		md				
		Accident or Suicide?												



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

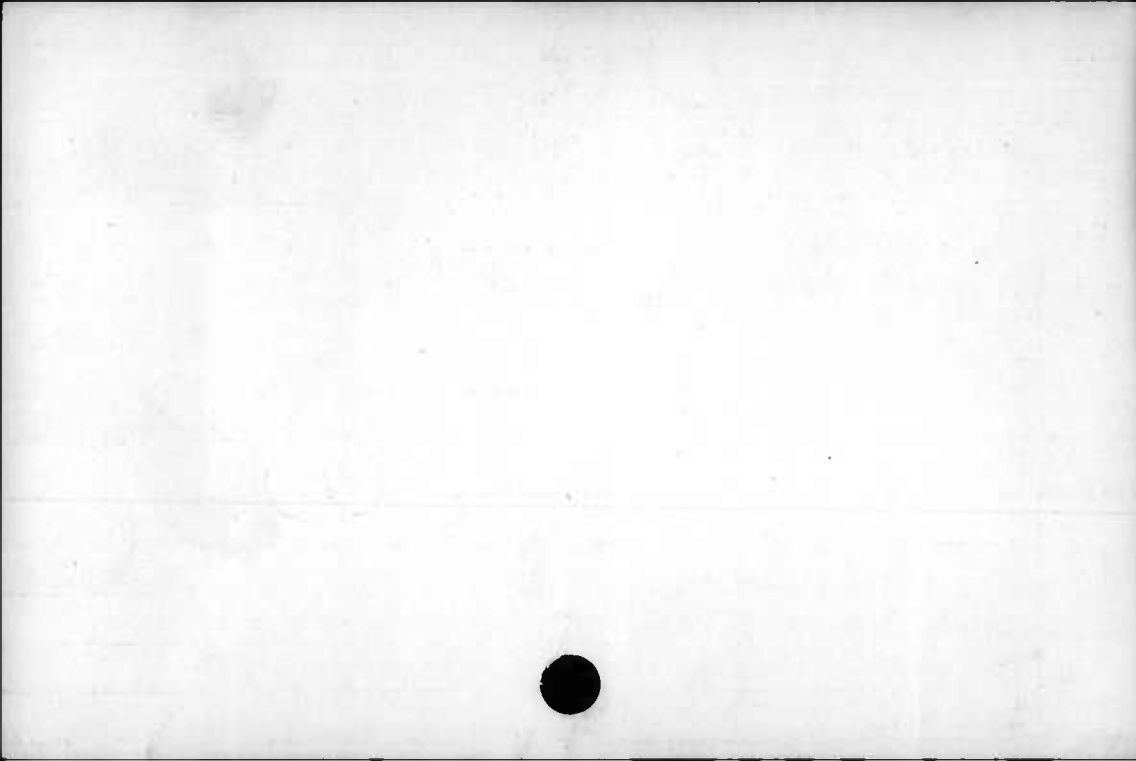
Name in Full <b>Bonzell Williams</b>		Town <b>Salisbury</b>		County <b>Wicomico</b>		MARYLAND	
Died at		Date of death <b>1908</b>		Age <b>2</b>		Months <b>2</b>	
Month <b>May</b>		Day <b>14th</b>		Years		Days <b>2</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Davis Quarter Md.</b>			
Occupation <b>None</b>		Where Residing if not at place of death <b>Davis Quarter Son, Co. Md.</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>					
Father's Name <b>Edward T. Williams</b>				Father's Birthplace <b>Son, Co. Md.</b>			
Mother's Maiden Name <b>Ida H. Roberts</b>				Mother's Birthplace <b>" " "</b>			
Name of person giving information <b>Wm. H. Roberts</b>				How related to deceased <b>Uncle</b>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <b>Bronch. pneumonia</b>	How long <b>1 week</b>
Immediate <b>Exhaustion</b>	How long <b>few hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes so far as I can ascertain</b>	Signature of Physician <b>J. J. J. J.</b>
Accident or Suicide? <b>No</b>	Address <b>Salisbury Md.</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

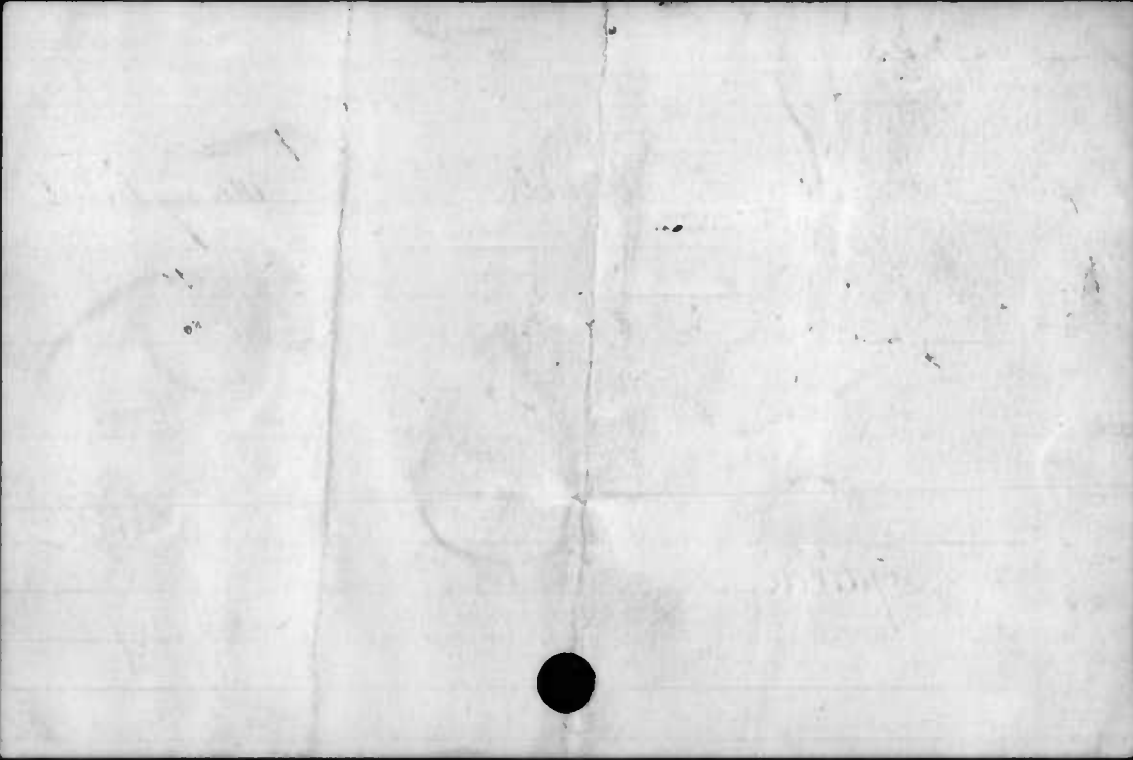
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Milkey &amp; Kinder</i>		Town <i>Frederickville</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Frederickville</i>		Month <i>May</i>		Day <i>16</i>		Age <i>34</i>	
Date of death <i>1908</i>		Months <i>7</i>		Days <i>13</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm H Kinder</i>					
Father's Name <i>Joseph Dashiell</i>		Father's Birthplace <i>"</i>					
Mother's Maiden Name <i>Milkey, G. Barclay</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Noah F. Dashiell</i>		How related to deceased <i>Brothers</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Child-birth (137)</i>	How long
Immediate <i>Septicaemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J H O Day</i>
	Address <i>Frederickville</i>
	<i>Wicomico Co Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Tyashin</i> Town		<i>Maine</i> County			
Date of death <i>1908</i>	Month <i>May</i>	Day <i>19</i>	Age <i>19</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balti City</i>		
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>Tyashin</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>John B. Kinner</i>	Father's Birthplace <i>Balti City</i>				
Mother's Maiden Name <i>Littie Shannon</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Wm Shannon</i>	How related to deceased <i>Grand Father</i>				

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary <i>Drowned</i>	How long <i>May 19<sup>th</sup> 1908</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm Denton, Coroner</i>
	Address
Accident or Suicide? <i>—</i>	

(11)

